



9-16-05

AP/ 2674\$  
ZMW

Atty. Dkt. No. 035451-0180 (3728.Palm)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Lee et al.  
Title: DISPLAY EXPANSION  
METHOD AND APPARATUS  
Appl. No.: 10/085,911  
Filing Date: 02/28/2002  
Examiner: Abdulselam, Abbas  
Art Unit: 2674

CERTIFICATE OF EXPRESS MAILING  
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

EV 593171729 US 09/15/05  
(Express Mail Label Number) (Date of Deposit)

Roberta A. Cooper  
(Printed Name)

*Roberta A. Cooper*  
(Signature)

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated May 17, 2005, finally rejecting Claims 1-29.

- ☐ Applicant claims small entity status.
- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below
- ☐ Not required (Fee paid in prior appeal)

09/19/2005 EAYALEW1 00000074 10085911

01 FC:1401 500.00 OP  
02 FC:1251 120.00 OP

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$120.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$620.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$620.00

☒ A check in the amount of \$620.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 7/15/2005

By Chad E. Bement

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